

**Skowhegan Parks and Recreation Department
PROGRAM REGISTRATION FORM
PARENT/GUARDIAN ASSENT & RELEASE**

The undersigned being the parent or guardian of (child's name), a minor, consent and assent to said child's participation in the athletic ventures, games, and sports events sponsored by the Skowhegan Parks and Recreation Department and/or the Skowhegan Sports Boosters, and by this consent and assent do hereby assume all responsibility for any and all injuries and/or damages related thereto that said child may receive or sustain as a result of incident to the participation therein or any related activity thereof; and as further consideration of permitting said child to engage in said ventures, games, sports events, and activities related thereto the undersigned, jointly and severally, agree to indemnify, protect, and save harmless the Skowhegan Parks and Recreation Department, the Skowhegan Sports Boosters, their officers, directors, agents, servants, and employees from any and all judgments, costs, and expenses whatsoever arising on account of any action, claim, or demand by said minor, or by any person acting for or on behalf of said minor in respect of any claimed injuries or damages. **Photographs/Videos: The Department of Parks & Recreation may take pictures and or videos of participants at our programs, activities or special events. Please be aware that the picture and or video may appear in future promotional materials, including our brochures and web site.**

Skowhegan Resident: Yes _____ No _____

PROGRAM: _____ FEE: _____

PROGRAM: _____ FEE: _____

PROGRAM: _____ FEE: _____

CHILDS NAME: _____ MALE OR FEMALE (CIRCLE)

AGE: _____ GRADE _____ SCHOOL _____ DATE OF BIRTH _____

TELE.#(S) HOME: _____ WORK _____ CELL # _____

MAILING ADDRESS: _____ TOWN _____ ZIP _____

STREET ADDRESS: (IF DIFFERENT FROM MAILING): _____

TOWN _____ ZIP _____ E-MAIL ADDRESS: _____

I (WE) GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT TO BE GIVEN TO OUR CHILD, INCASE I (WE) CANNOT BE REACHED BY PHONE.

EMERGENCY CONTACT PERSON(S) & PHONE

1. _____ 2. _____

PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS, PHYSICAL LIMITATIONS/RESTRICTIONS YOUR CHILD MAY HAVE:

*When applicable (please circle) **T-Shirt Size:** YXS (2-4) YSM (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

I would like to volunteer by: Coaching _____, Assistant coach _____, Other _____

NAME OF PARENT/GUARDIAN: (PLEASE PRINT) _____

SIGNATURE OF PARENT/GUARDIAN: _____

TODAYS DATE: _____

FOR OFFICE USE ONLY

DATE: _____ TOTAL AMT PAID: \$ _____ CK# _____ / CASH _____ RECEIVED BY: _____ RECEIPT # _____